Our Health Matters

Guide to an African (Indigenous) American
Psychology and Cultural Model for Creating
a Climate and Culture of Optimal Health

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"I found the materials to be insightful by creating a structure of solving basic health problems in the African-American community. It is a prescriptive approach to solving health problems that is easily understood by a broad range of people"

-Samuel Gresham, Jr.
President & Chief Executive Officer
Columbus Urban League

"The plight of African Americans' health issues have been thoroughly defined and Dr. Myers has given us a comprehensive blue print to address such issues. As the CEO of one of the largest Community Mental Health and Substance Abuse providers in Franklin County, I am looking forward to being one of the first to implement this training approach among mental health professionals."

-Janie Bailey
Chief Executive Officer
Columbus Area Inc.

"I was really enlightened with the training guide developed by Dr. Myers. As I went through it, several practices were birthed that I know will work with the folks that we serve everyday. It also made me begin to think of ways to practice some of the concepts with my family and friends. I believe she has outlined a revolutionary concept and I hope I am alive when it is fully operationalized."

-Allen Huff
President/CEO
Neighborhood House

"I am reminded of hearing my grandmother pray, she used to pray for good health and as a child I would think 'how strange' for her to pray for health. Clearly, she was praying for something that she could not obtain from the 'sick care' system. History shows us that we are still praying for good health from a power greater than man. It is interesting to explore how to move from a 'sick care' system to a health care system that treats everyone equally."

-Wanda Dillard, MS
Director Community Development
The Ohio State University Medical Center

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Kerapa

Symbol of Sanctity of Self, Strength, Good Spirit, Good Luck, and Good Fortune

Acknowledgements

First giving honor to the Creator and the ancestors, it is with the utmost appreciation and gratitude that I thank the Ohio Commission on Minority Health (OCMH) for the opportunity to engage the central Ohio African American community in a process to produce a strategy for creating a climate and culture of optimal health for our communities, Project Sankofa. As African American and African Studies (still referred to as Black Studies by many) celebrated its 30th year at The Ohio State University, it was appropriate that as a Black Studies scholar I fulfill an obligation to the community of which I am a part. Committed to expanding understanding of human development to be inclusive of our cultural ancestry and reality, my mandate has been to explore the human psyche, examine and critique the influences of culture on that psyche, and bring what I have learned to bear on solving the vast sea of problems facing us as persons of African descent.

The funding provided through the Commission's Academic, Scientific, and Community Partnership Grant (ASCPG) is designed to bring faculty research and scholarship to bear on a minority health issue. This opportunity has allowed me to bring the focus of my research in African-Centered Psychology, more specifically, Optimal Theory, to the community issue of health education, literacy, promotion, and behavior change, particularly as it relates to substance abuse and violence. The multi-level, community participatory strategies that we put in place to accomplish our goal have proven most rewarding. We especially appreciate the commitment of our Community Collaborators to this project, the Columbus Urban League, Columbus Area, Inc., and Neighborhood House, all organizations making a positive difference in the

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health of our communities.

On behalf of all interested in minority health, I can say that we are most appreciative of the efforts of State Senator Ray Miller for his vision, foresight and commitment in drafting the legislation for the Ohio Commission on Minority Health, leading the nation in having such a standing body. We must also acknowledge the sitting state legislators who had the presence of conscience to support such legislation. We are also especially indebted to Ms. Cheryl Boyce, Executive Director of the Commission from its inception, for her untiring and exceptional leadership in fulfilling the Commission's goals and objectives. And we thank the Commissioners for their dedication, insight, and clarity of purpose in carrying out the mission to improve the health of underserved ethnic minority Ohioans.

Much gratitude goes out to both my families of origin and creation for their sacrifices for the greater good of the whole. To the lines of my African and Native grandfathers and grandmothers, represented by Rena and Harry Brown, and Rowena and Eila James, much praise is due you for your passing on the tradition. Thank you, my Native American grandfathers, for bringing your daughter from Africa her name and confirming her purpose through ceremony and ritual. To Harold Franklin and Fay Elnora, without your beingness, support and encouragement this work would not have been possible. Special recognition to Ptah and Ikenna Myers, whose research assistance on this project has proven invaluable. Their insights, clarity and commitment provide living examples of a unified health model at work. Particular thanks to James Devers for his technical assistance with the graphic designs and layout for this guide, and all those unnamed who played a part in producing this product.

The leadership of this collective has positioned Ohio at the forefront of the movement to close the health care gap and end the historical disparities that have existed between races in terms of access and quality of health care. From the perspective of optimal psychology there are no coincidences, chance is a law unrecognized. Given no coincidences, it should be interpreted by the Nation to be a good sign, that from Ohio, the Heart of America, our African American leadership took the initiative to create equal opportunity for just access to quality health care. When we are better able to address the health needs of underserved ethnic minority populations, all people benefit. The Ancestors are pleased.

Gye Nyame

Akan Symbol for Omnipotence of God

Our Health Matters

"The path to God is the path to health." (Swahili Proverb)

A Psychology and Model for Optimal Health

Health as a Way of Life

In the ancient sacred text known as the Holy Bible, the sage Hosea informs us that it is a "lack of knowledge" that destroys "my people." In the wisdom tradition of African deep thought support for this premise is seen in highest value beings placed on knowledge, wisdom, and understanding. This training guide is designed to shed light on some topics related to health that have been overlooked, pushed aside, and hidden, as many fear to confront them. These topics are related to America's "dark side," which when examined and properly understood, can be for us a source of "pure light." However, if we are not mindful, they can also be our downfall. The good news is the choice is ours to make, the bad news is an informed choice may require we expand our knowledge beyond the boundaries set by the limits of our current thinking. Remember the old adage, "he who knows only one side of a thing, knows little of that." It is true, thus this training guide is dedicated to the fearless study of at least both sides of issues related to the health of people of color in the United States of America, particularly African and Native Americans, with the ultimate aim of enlightening a Unified Health Model that will have relevance for all people. Let us therefore go forth without fear, knowing that in our process we will have called forth all the good that will be needed to insure our improved health and success.

While the United States of America has accomplished much over the past

two hundred plus years, the area of health and health care has not been an area of great strength. Although it is one of the wealthiest nations in the world, the USA ranks only 72nd in terms of the quality of health care it provides its citizens. Given the history of the United States of America, it should come as no surprise that a major disparity still exists between African Americans whose ancestors' forced labor built this country and European Americans who benefited from their labor. Realizing our interrelatedness and interdependence, many are concerned about the health of all and question how to move beyond a history of bias and mono-cultural strategies. The psychology and model of optimal health presented in this training guide outline a process for transforming human consciousness and the institutional structures it creates to reshape our health outcomes. With this strategy, regard for, access to, and improvement of quality health care may not only be more balanced, but also dramatically improved for all groups.

Seldom heard is the perspective of Africans in America whose cultural identification at the level of values, beliefs and assumptions, or cultural deep structure, is more in line with the traditions of Native, First Americans, the indigenous people, rather than European Americans, the colonizers. From an African (Indigenous) American perspective, health is a cultural issue, requiring collective action, not just individual behavior change. There is an awareness that the collective will influence the environment in which good health is likely supported or disrupted. From social policies and practices that allow pollution of the air and water, the production and sell of carcinogenic food, the burial of toxins, the fostering of addictions, and so forth, to the prevalence of domestic and non-domestic violence, the values, perceptions, thoughts and actions of people have great bearing on health.

Good health is inextricably tied to questions of human development in all spheres of life, including at minimum, the psychological (i.e., the emotional, intellectual, moral, and spiritual), physical, and socio-economic. The psychological sphere, which involves our perceptions, values, thoughts, feelings, and subsequently behaviors, has been demonstrated to be the most powerful in determining health outcomes, as well as informing all other areas. This sphere directly shapes and is shaped by the society/culture in which we live, the worldview and values to which we adhere. With this interplay we can see that where we are healthwise is reflective of our individual and collective development in the psychological sphere.

Take for example what some consider to be the most critical public health issue facing this country—terrorism. It provides the perfect illustration of the interdependent nature of personal and collective health, and the importance of mental health and psychological development for health

outcomes. While the interrelationships may be less obvious in terms of cancer, diabetes, cardio-vascular disease, or HIV/AIDS, upon closer examination it becomes evident that all share common factors. Those factors include: 1) a social/cultural context that supports conditions contributing to the disorder; 2) a psychological orientation that promotes either a holistic and integrative or fragmented and piecemeal approach to addressing disorder; and 3), the necessity to stretch toward an understanding greater than personal ego concerns to find meaningful resolution to the disorder. This African (Indigenous) American guide seeks to contribute to improving our health and psychological development by offering culturally infused direction and instruction on creating a climate and culture of health.

African cultural values practiced in the American social context have been demonstrated to be a source of strength and resilience. They are undergirded by principles just now being discovered to be psychologically sound and healthy in Western psychology and behavioral health research (e.g., faith and hope). They can account for our still standing in the face of a long history of relentless terrorism, perpetual assaults on our culture and our character, and the multiple generations of psychological trauma which continues to be inflicted daily. Recognizing resilience is a defining force relevant to all health outcomes and that adversity can either build strength or destroy, this guide will advocate for the use of struggle and adversity as a springboard for reaching the next level of human development, improving health and quality of life.

Purpose and Perspective of the Training Guide

The production of a training guide and model for creating a climate and culture of optimal health from an African (Indigenous) American cultural perspective, is one outcome of Project Sankofa. The purpose of this guide is to provide culturally grounded information and understandings for improving health and health behaviors in the African American and all communities. It brings research and scholarship to bear on ways in which African Americans and others can empower themselves to live the healthiest, happiest, and most successful lives possible in the face of a social context that has otherwise been toxic and often hostile.

To some, the assessment of our history and the current social environment may seem harsh and the immediate reaction may be defensive. However, only through confronting the worst of what ails us can we move on to health. To those whom this guide is dedicated, I am merely giving voice to a reality that has been denied for far too long. The purpose here is not to lay blame nor make excuses, rather to provide an explanation heretofore disregarded, and foster the understanding needed to move us all forward in

better health. The truth of the matter is that successful forward movement into the future is impossible without confronting the most powerful forces shaping the future, the present and the past. Taking responsibility for that over which we have control then becomes the next step in achieving optimal health.

Intended as a training guide for those who are ready for the next level of development in cultural competence, having done the critical self-reflection and analysis necessary for an honest assessment of the status quo, this manual may be used in multiple ways. Persons in educational institutions, governmental and professional organizations, businesses, and other formal groups can engage in trainings using the format outlined and the collective processes identified to achieve the goal of improved health in all areas of personal and communal life. Leaders and lay individuals can create informal groups that use the guide for their own support and self-help processes. Whether organizations use it for facilitated training or as a discussion springboard, or individuals use it for independent study and self-development or as a guide for group process, the goal is to stimulate thinking, promote dialogue, motivate to action, and organize to stand for improved health and social justice.

Using an African (Indigenous) American cultural frame of reference to address the enhancement of health has relevance for all populations with similar social issues in context and similar value orientations in conflict. The model is applicable internationally in working with members of oppressed and dominant groups to improve health efficacy. The keys to success will be an open mind and the willingness to push through the psycho-social barriers to confronting uncomfortable histories and engaging in difficult dialogues for the purposes of healing and growth. Since no community, including the African American, is totally monolithic or homogenous., there may be those, particularly the more highly assimilated and acculturated among us, for whom this guide does not speak or resonate. Readiness is a developmental status primarily contingent on values and worldview, and the nature and degree of self-knowledge informed by past experiences and exposures.

I am deliberately presenting the perspective of those whom I have touched in our multi-level, community participatory research/demonstration project, Project Sankofa. This group has an African cultural identification, as well as an American cultural identification which is more in line with Native or First American cultural traditions, values, and beliefs than European American. They value family, community, and are most concerned about the children and their health and education. They are very aware that most programs targeting and operating in the African American community are shaped by theories and methodologies that are not grounded in a health paradigm that is culturally congruent or socially

consistent, and that these programs are quite limited in their effectiveness, impact , and value.

Historically the dominant culture's frame of reference has been assumed universal and has been applied as if so. Cultural infusion reflects the extent to which ethnic/cultural characteristics, experiences, norms, values, behavioral patterns and beliefs of a target population, as well as relevant historical, environmental, and social forces, are incorporated in the design, delivery, and evaluation of targeted health promotion materials and programs.

Research looking at program effectiveness suggests that two levels of culture should be of concern, the surface structure (visible aspects such as language, dress, diet, clothing, music, etc.) and deep structure (values, beliefs, philosophical assumptions, etc.). Whereas surface structure generally increases the receptivity, comprehension, or acceptance of messages, deep structure conveys salience. Surface structure establishes feasibility, whereas deep structure determines program impact. I began almost thirty years ago to build my research around the strengths of African cultural tradition and its relevance for contemporary African American lives. In so doing, I found that from the level of cultural deep structure, a theoretical framework emerged that spoke to health, resilience, and positive psychology in ways that are just now being acknowledged, investigated, and confirmed by mainstream American psychology and social science. From Oneness, a Black model of psychological functioning developed in the seventies, which spoke to the unity consciousness characteristic of the higher stages of human development, to the eighties and a theory of Optimal Psychology based on its premises, I, along with other Black Psychologists, have been committed to cultural congruence in terms of study, analyses, theory, and interventions. This commitment has yielded research and interventions that can offer an improved climate and culture of health, individually and collectively. However, professionals and lay persons need increased opportunities for training. The universality inherent in going back to the collective beginnings of humanity and civilization in Africa to acknowledge values and beliefs salient across cultural groups, but non-dominant in most in this modern/ post-modern era, is an added bonus.

Health in Black and White

The collective experiences of racial/cultural groups in this country have been different; that of Black and White Americans, almost totally opposite. The difference in experience has been for the most part shaped by the relationship between values for personal material gain at the expense of others and understandings of human development (what it means to be human). For some cultural groups the pattern of higher value

placed on material gain than compassion and responsibility for the health and well-being of others is a tradition. To illustrate the point, a knowingly crude historical overview along racial lines might be informative.

The history of the majority of Blacks in America can be described as that of a people who for over four hundred years, generation after generation, have been exposed to extreme violence and terrorism from the group in political power. Denied even the most basic human rights for most of their history in this country by the way of legally sanctioned and socially endorsed bias, African Americans continue to be devalued and dehumanized by institutional policies and practices rooted in a non-comprehensive, non-cohesive, and incoherent mono-cultural world view. Focused almost exclusively on a material universe versus a spiritual/material one, inattentive to the interrelated and interdependent nature of all in the cosmos, and without consistency and wholesighted (engaging heart, mind, and soul) reason, this world view full of contradictions allowed the claim of freedom and justice for all, when in reality it meant Whites only.

The history of Whites in America as a collective is that of a people who have for over four hundred years, generation after generation, been exposed to the economic advantages that come from having taken over another people's land (colonization) and having enslaved and forced the labor of another group to build personal economic wealth. Social policies and practices have been institutionalized to favor and meet the perceived needs of this group. They benefit from the privileges of a social system that enthusiastically acknowledges, endorses, and reinforces their racial/cultural perspective.

The position of African Americans in this society is unique, with the potential of becoming universal. For example, everyone in the society may now experience a small sense of some African Americans' historic status of living under overt terrorism. African Americans' current unfavored status carries with it a long history of living under a system of legally sanctioned terror where they enjoyed virtually no human rights or civil rights, the latter of which were achieved less than forty years ago. Who would not doubt the capacity of the prevailing European American "health" care system to meet the physical and/or mental health needs of African American populations?

In order to demonstrate effectiveness, considerable enhancement of the "sick care" system is required. Interventions to prevent negative health choices and maximize positive health outcomes, restoring resilience to African American families and communities-- particularly the most educationally and economically disenfranchised-- are most effective when they are culturally sensitive and comprehensive. More culturally infused programming is needed, such as that proposed by the current model, which

takes a holistic, integrative, culturally congruent approach.

Despite African American families having achieved the right to equality under the law some forty years ago, the effect of the prevailing racially biased often covertly and overtly hostile social environment on our health remains toxic. Even controlling for socio-economic class differences, progress toward first-class citizenship has yet to yield a close in the gap between the races in terms of regard for quality of and access to health care. The U.S. Surgeon General's report on ethnic and minority health, particularly his supplement on mental health and ethnic minorities released Fall, 2001, makes clear the need to develop and offer services designed specifically to meet the needs, cultural realities, and experiences of each population. Achievement of this goal will require the development and implementation of methods for creating a climate and culture that supports good health in African Americans communities.

Cultural Infusion in Approaches to Health

In the early nineties, the Association of Black Psychologists published an African-Centered Behavior Change (A-C B C) Model to fill a void in terms of the HIV/AIDS/STD prevention training process. The model was based on constructs and theories that had been explicated by Black Psychologists since the early seventies. Grounded in the self-conscious centering of psychological analysis and applications in African reality, culture, and epistemology, African Centered Psychology encourages the examination of processes that allow for the illumination and liberation of the human spirit, psyche, or soul. James Myers' theory of Optimal Psychology and the Unified Health Model (UHM) presented in this guide are both inextricably tied to this history of psychology. Echoing the Africana womynist voice of Maat (Black Goddess associated with the embodiment of truth, justice, and righteousness; divine order) in present day, both the theory and the model serve to restore a much-needed feminine balance and bring a more comprehensive understanding of an alternative cultural reality, directing us back to the primordial Black Mother.

Relying on the principles of harmony within the universe as a natural order of existence, African Centered Psychology recognizes: the Spirit that permeates everything that is; the notion that everything in the universe is interconnected; the value that the collective is the most salient element of existence; and the idea that communal self-knowledge is the key to mental health. African Centered Psychology is ultimately concerned with understanding the systems of meaning of human beingness, the features of human functioning, and the restoration of normal/natural order to human development. As such, it is used to resolve personal and social problems to promote optimal functioning.

As of late there is increased awareness that such congruence is essential to successful programming. From program activities and service delivery efforts to treatment modalities, cultural awareness must progress from sensitivity to competence and ultimately to "cultural infusion" wherein the whole process from conceptualization to funding support, implementation, and evaluation is specific to the needs of the targeted population. Such development is essential in the areas of health and education, although approaches speaking to the cultural realities and experiences of the dominant population are most often in place.

The Unified Health Model (UHM) supports the work of the Association of Black Psychologists (ABPsi) with its A-C B C Model, which maintains that culture is a critical construct in the understanding of human functioning and that people's behavior is largely determined by their culture. Different cultures have different cultural teachings and ideas about what it means to be human. The ABPsi Model identifies eight African American cultural precepts:

- **consubstantiation**—all thing in the universe have the same essence
- **interdependence**—everything in the universe is connected
- **unicity/egalitarianism**— harmony and balance is the correct relationship between people
- **collectivism**—individual effort is a reflection and/or instrument of communal or collective survival/advancement
- **transformation**—everything has the potential to continually function at a higher level
- **cooperation**—the optimal way of functioning with mutual respect and encouragement
- **humanness**—healthy behavior is governed by the sense of vitalism and goodness
- **synergism**—the performance outcomes of cooperative effort will be grater than the sum total of individual effort

The UHM adds to these precepts the support of a theory and model of psychological functioning which bring the sacrifices and lessons mastered by African people surviving the Maafa (African Holocaust) in America and indigenous, Native people, to the fore in confirmation of their truth. The cultural themes of spirituality, resilience, egalitarianism, communalism, orality and verbal expressiveness, personal style and uniqueness, realness, emotional vitality, and musicality/rhythm, which permeate African American praxis, (re)emerge as central to individual and collective health. Their embrace through UHM provide the bases for moving beyond the pathology of negating, disrespecting, and/or diminishing the worth and dignity of others and ourselves by virtue of any

human diversity marker. The roots of racism, sexism, classism, elitism, colorism, and so forth, are all the same, an externalized sense of identity and worth fosters the insecurity which kindles a need to be "better than" another in effort to establish one's own illusory value.

The UHM is grounded in a cultural tradition in which "human authenticity" and worth comes from being indisputably connected to that which brought us into existence (the Divine Creator) and the ancestors without whom we would not be. Those whose cultural tradition assumes no such connection will evaluate people differently in terms of moral substance and behavior, than people who do. When such a connection is assumed, the most healthy functioning human beings would be those in whom collective human will, via spirit, transcends (moves from one phenomenal reality to a higher level reality) and transforms (changes one condition to another condition) human consciousness to experience unity with the Divine. When this understanding is the cultural substance of a people, yet the particular geopolitical and socio-cultural milieu has through terrorism served to deny, destroy, and negate that reality, psychological trauma is the result. The UHM outlines a process for the healing needed to restore health, mend the cultural breach inflicted through multiple generations of oppression, and inform steps to achieving the higher stages of human development.

The Natural Order of Mental and Physical Health and Health Behavior

For those to whom it may have been unclear before, it is now evident that good mental health is a key to good physical health. Even Western science now shows that the immune system is compromised by psychological stress, recuperation is improved with positive attitudes, and placebos are just as effective as anti-depressant medications or surgeries to improve arthritis in some cases. An individual's own experience can let him/her know that in order to change any and all health behaviors from diet to safer sex to compliance with doctor's orders, it is one's mind, spirit, and will that must take charge and direct one's emotions and behavior to conform to that which is in one's best health interest. An improved climate and culture of health is needed to support and reinforce good choices. The ancient sacred text was correct, "as a man thinketh, so is he." Relying on the teachings of our trusted and loved ancestors put us ahead of the game, if we go back and fetch the best of our inheritance. Western science is just now coming to confirm what has been known for thousands of years in other cultural traditions (e.g., cognitive behavior theory, remote viewing, positive psychology, and so on).

The descendants of kidnapped and enslaved Africans are faced with the most serious of paradoxes or illogicality when it comes to health in this

society. For a group to achieve health (either mental or physical) in a society that has historically placed them in either a less-than-human, or at best, an unfavored status, is a major accomplishment. For example, in the not too distant past (as few as two to five generations) European American "mental health" professionals of the time unashamedly determined that if kidnapped, enslaved Africans tried to run away and escape their captors, they were suffering from a mental illness, drapetemania. The dominant culture has historically perceived, diagnosed, and treated the sane behavior of African Americans as insane. Thus African Americans whose ancestors were enslaved, face the dilemma of having to rely on a society to provide mental and physical health services without having demonstrated the capability to do so.

African Americans are faced with some very serious questions: Has the mindset that would allow such distorted, self-deceptive thinking about African American "mental health" by helping professionals trained in this society changed, and if so, how? What can and must be done to ensure our good health and that of future generations given the nature of the social context in which we find ourselves? How do we, now forty some years after having gained equal civil rights under the law (1964 Civil Rights Act), develop trust and rely on a system of health care in a society that has never demonstrated an understanding of health and well-being based on anything other than their own reality, experience, and cultural perspective? What do we bring from our own cultural heritage that the dominant culture in this society is just now discovering? And how do we leap-frog over what they have failed to realize is faulty in their cultural orientation toward health to recapture and embrace the truths that have been our inheritance, ensuring our survival, that of our ancestors and future generations? These are the questions we will be addressing in this African (Indigenous) American guide to healing, recovery, and health.

Living with the Consequences of Psychological Trauma

Most should agree that multiple generations of enslavement, lack of human and civil rights, the perpetual negation of one's race, ancestry and ethnicity, and the imposition of values and beliefs undermining one's sense of well-being through terrorist acts would be traumatizing. Shaking the foundation of one's sense of safety and trust, psychological trauma is an emotional shock that can create substantial and lasting damage. The greater the threat and the less prepared we are to handle the terrorism, the greater the impact. Psychological research looking at trauma confirms certain outcomes. Trauma creates a climate of isolation, abandonment and separation. Traumatized people have difficulty with relationships, as trust is thwarted. Feelings of threat and uncertainty, and the disruption of general adaptive functions can lead to the production of negative affect, depression, and anxiety beyond which the individual can adapt. The

essence of trauma has been described by Hicks as the loss of faith that there is order and continuity in life.

Over the generations, numerous scholars and researchers such as Edward Blyden, Carter G. Woodson, E. Franklin Frazier, Frantz Fanon, Naim Akbar, Wade Nobles, Thomas Parham, and others, have discussed the multi-faceted impacts of enslavement, colonialism, cultural imperialism, and racist terrorism on persons of African descent. Bruno Bettleheim, a Jewish psychiatrist observing fellow Jews performing the role of guard in Nazi concentration camps, coined the term "identification with the aggressor" to describe what happens to people who find themselves in oppressive circumstances for extended periods of time in which they foresee no escape.

Although African Americans whose identification has been in line with the cultural values and beliefs of their African ancestors have been resilient, the have also been traumatized by the multiple generations of physical and sexual abuse, brutality, and the inhumanity inflicted on them. Any human being would experience trauma under such conditions. What if you were moved from a cultural tradition in which unity with the Creator and nature is the centerpiece, and the development of the cultural group is measured by how well it takes care of the most vulnerable within the group, to a social context without any humane standards of conduct.

The psychology of oppression process instituted through terrorism to take control of the African mind and profitably enslave Africans, required moving them from their cultural center, and included at least five phases. First, through the most brutal and horrific forms of terrorism, the Africans were captured and convinced that their physical well-being (whether they lived, died, were raped, castrated, beaten, had food, shelter, clothing) was in the hands of their captors.

Second, in the strange land and alien culture of captivity, Africans were denied access to their cultural traditions, or at least its surface structure aspects which their captors could control. The use of their native languages, maintenance of their indigenous diet, spiritual practices and rituals, and family systems were disrupted, normal contact with socio-cultural supports were complicated or dislocated. Third, their culture and history were negated. Everything African was painted as savage, primitive, uncivilized, without merit. Fourth, the culture and history of the captors were elevated, such that the only cultural beliefs, values and traditions acknowledged o f value were those of the European. To be "cultured" and "civilized" in this society was equated with mimicking the European/European American. Fifth, a "divide and conquer" strategy was put in place, whereby the enslaved Africans were pitted against one another. Those who would do the slave captors bidding were rewarded

with lighter work loads (often overseer), better food, shelter , sometimes education, and so on.

The trauma imposed through the psychology of oppression is still fully functioning today. The physical bonds of enslavement are gone (except the prison industrial complex and ill-conceived public housing projects), but the structures and processes for mental bondage are fully in place. Physical and economic well-being (now termed "success") is still largely in the hands of the beneficiaries of the captors; denial of and/or limited access to true African history and culture still exists; negative portrayals of Africans and the negation African history and culture is still commonplace. The elevation of a European/ European American worldview and cultural tradition continues to make this country almost exclusively mono-cultural in its focus. The value and credibility of other cultural orientations is most often ignored or discounted. Racist oppression is furthered by creating intra-group disharmony, dividing and conquering through skin color privileging, limiting educational and socio-economic access, and negating geographic heritage. These strategies have been so effective that it has caused some to conclude that the biggest problem we as African Americans face today is ourselves. The long term consequences of these oppression processes are mentacide, the systematic destruction of a people's mind and culture. Mentacidal people become self-destructive, these behaviors are manifestations of internalized oppression, "identification with the aggressor" or what is called in popular culture the "Willie Lynch" syndrome. Reversal of the psychology of oppression process is necessary for good health and healing.

The good news is that in response to this adversity, African Americans can be named the poster children for resilience. As a group they have turned enough lemons into lemonade to bring a life and vibrancy to popular culture – indeed, one that the world seeks to imitate. They have maintained moral leadership in terms of the fight for equality and civil rights from which all in the society have benefited. Evolving over time, culture is complex and dynamic, within African American cultural tradition increased knowledge, wisdom and understanding have been the result of adversity. Yet, as generations of African Americans become increasingly assimilated (with the advent of television and school desegregation) and acculturated into the values and beliefs of an oppressive dominant culture, considerable loss might also be expected. As African (Indigenous) Americans we have had the opportunity to witness the importance of the deep structure of culture-- the values, beliefs, and assumptions, in resilience and the transmission of culture. With limited access to indigenous languages, diets, rites and rituals, and systems of organization, the surface structure of culture, African people went deep within their own consciousness and came forth with an understanding only the deep structure of their cultural heritage could provide. This authentic

cultural substance identified by ancient Africans (those ancestors known as Ethiopians, Kemites, or Blacks) as the basis of health, has been proven to hold integrity and validity today, and can account for our incessant ability to rise in the face of untold oppositions.

Consistent with African centered premises, James Myers' theory of Optimal Psychology and UHM are rooted in the values, beliefs, and assumptions of the wisdom tradition of African deep thought, which can be traced from the beginnings of human culture and civilization to date (see Food for Thought). This worldview supports the development of a unified model of health, which is comprehensive and much needed, as we seek to restore a more complete understanding of health matters. Like it or not the health of each individual is tied to another. The enslavement of Africans was contingent on the health of Europeans who developed the market and other Africans who collaborated in the capture process. To the extent that one is unhealthy, the health of all are affected. As all health issues are at some level interrelated and interdependent, when exposed to the toxins of another, if not properly inoculated, survival and well-being is at risk. When possible, having those infected quarantined, is a useful strategy, depending on the nature of the disease. When both social and physical environments are infected with toxins, health issues become even more difficult and complex. The Unified Health Model (UHM) provides the opportunity for movement in the direction of a truly holistic, integrated approach to good health.

Learning to Appreciate Diversity with Cultural Proficiency

In learning to value and appreciate cultural differences, we learn that what is assumed a reality in one culture can be a myth in another, even in the same society. For example, children in the United States are still taught that Columbus discovered America, that this is a democracy with freedom and justice for all, and that this is a meritocracy in which hard work will equal success. These statements may be true for some in this country, but not for all, for many they are pure myth. Reality is a socially influenced and collective, yet subjective, experience. We must honor and allow for different worldviews, assumptions, and experiences in order to ensure the effectiveness, rigor, and scientific utility of our thinking, models, strategies, and programming.

When it comes to the height of human development there is a tremendous convergence across cultural groups in terms of the assumptions and expectations held, although along differing time lines. African common sense, wisdom, and science are reinforced by Eastern philosophies and Western science. Supporting many of the ideas our ancestors treasured, from the primary and proactive role of consciousness in human experience (all is mind) to the interrelationships between thoughts, feelings, and

health (mind, body, spirit connection), much in African cultural tradition is being affirmed. There is an awakening in the West-- from beginning to realize the health imperatives of moral and spiritual development to the value of "psychic" phenomenon, such as remote viewing (making observations beyond the boundaries of space and time)—allowing the oldest and the youngest civilizations to come full circle.

Even Western psychologists studying the highest stages of human development point to unity consciousness as the epitome. Humanistic psychology developed by Abraham Maslow identifies the upper reaches of human development in terms of self-actualization and peak experiences, predicting self-actualizers to demonstrate increased acceptance of self, others, and nature. The highest stages of development are believed to involve going beyond some divided state with boundary conditions to a greater underlying wholeness or unity. According to Cook-Greuter, less than one percent of adults in Western cultures function at the two highest stages of ego development, construct-aware and unitive. She identifies the deconstruction of the conventional view of reality to see an interconnected whole, rather than an aggregate of separate well-defined elements, as the first step towards a systems view.

Within the academy many of us have pursued fearless studies of spiritual/ material unity to reveal how the one essence infinitely manifests to develop and sustain health and wholeness, both individually and collectively. As maintained by Charles Alexander, a leader in studying Maharishi's Vedic psychology, unity consciousness (Brahmi Chetana) involves complete unification of inner and outer world with all levels of creation appreciated in terms of the unified Self. There has been a much stronger interest demonstrated by "mainstream" Western psychologists in Asian cultural understandings than African, and little acknowledgment of the historical cultural connections.

While for the past several years African centered scholarship has been under ruthless and unorthodox attack, its value and importance has not escaped the people whose cultural experience supports its reality and necessity, nor by the people who wish to provide culturally congruent programming and services. In addition, one significant piece of information that detractors fail to acknowledge is the unique position in humanity that Africa holds as the birthplace of all human culture and civilization. To be complete, an understanding of humanity must include the height of African cultural traditions, as they bring into being the universal themes which make us one human race. The African American experience too has special relevance for all of humanity, representing the union of the first and the last civilizations.

Training Objectives

Recent statistics from the Centers for Disease Control show that African Americans currently die from heart disease, cancer, and stroke at higher rates than any other racial group. The life expectancy of European Americans exceeds that of African Americans at every income level. Black men and women receive less care when they are hospitalized regardless of their doctor's race.

Our Health Matters presents a model for addressing these health disparities. The training guide will also illustrate the miracle of Black people's survival. As President Bush noted in February, 2002, African Americans have "lived to challenge America to live up to its highest ideals of freedom, justice, and equality." Such a history provides a time tested strategy which can be engaged to ensure future healing, recovery, and health based on the knowledge, wisdom, and understanding passed down generation to generation from African and Native American ancestral heritages.

Toward the achievement of these goals, this training model is designed to do the following:

1) engage community leaders, health and human service providers, professionals and paraprofessionals, social activists, and concerned lay persons in an exploration and increased understanding of the role and importance of culture in defining and improving health, healthful behaviors, and healing for people of African ancestry (which all people are); and

2) assist these individuals, collectives, and organizations in using the Unified Health Model (UHM) to develop innovative and effective culturally congruent programs, practices, and policies for health promotion and education, and the skills and strategies to create a climate and culture of optimal health for African descent individuals, families, communities, and all people.

This training guide, emerging from Project Sankofa, a multi-level community participatory research/demonstration project, serves as a reminder of the truth of who African (Indigenous) Americans are, the richness of their heritage, and the necessity for all to begin to think for themselves, take control of their own health, and define reality in line with the wisdom of ancestors venerated over the ages. So, first giving honor to the Creator and ancestors without whom none of us would be, let us go forward in health, love, light, and peace. Here is to your good health!

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Sankofa

Symbol of Going Back to Fetch the Best Wisdom from the Past

Our Health Matters Revisited

"Good health is worth all your money." (South African Proverb)

Socio-Cultural Context

Dr. John Chissell, author of *Pyramids of Power*, defines optimal health as the best possible emotional, intellectual, physical, spiritual, and socio-economic aliveness that we can attain. Ideally our way of life or culture would be holistically devoted to creating the kinds of environments, both social and physical, that would maximize the likelihood of good health. In order to be most functional, a health care system would ideally be comprehensively, cohesively, and coherently organized to influence the best possible aliveness we can attain. Such a system would require a unified model of health that includes the integration of the natural or physical environments, social environments, ancestral inheritance both physical/material and psycho-cultural/psycho-social, and planning for future generations. It would need to be driven by a comprehensive, cohesive, and coherent way of viewing the world and understanding of how life and health work, or at least a good working theory. Our African and Native American cultural heritages, as well as the height of this society's "scientific" research, all point toward a similar unified model of health. Yet the model driving our social and health policies, decisions, and practices is not as unified.

Functioning at its best, the health care system in the United States of America is not designed to focus on health, but rather on "sick care", as former Surgeon General Jocelyn Elders and noted optimal health researcher, Dr. John Chissell describe. Concern for health in this society emerges from a way of viewing the world that focuses on specialized knowledge of parts of the whole, without a holistic and systematic way of organizing and integrating knowledge across the specialties and sub-

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specialties. For example, those who focus on physical health are separate from those whose interest is mental health, spiritual health, and economic health. Each field is separate and distinct with many sub-specialties further compartmentalizing aspects of life.

In American society the pattern of interpreting reality supporting this design for living is fragmenting, appearance-based, and externally oriented, thereby fostering a way of life that keeps people looking outside themselves for value, meaning, and purpose. Health has, until recently, been treated as a purely physical phenomenon. Our acquisitive values (material gain over all else), one-sided beliefs (orientation to either/or reasoning seeing only one side of an argument), and unfounded assumptions (failure to acknowledge the findings of our own science), prevents the possibility of making a "good health" focus a viable option. Our systems of organization, institutions, social policies, practices, and so on, are driven by our society's partiality for increased economic profit for large businesses, personal versus collective gain, and a might-makes-right moral order. Until recently, holistic health for the individual, much less collective, had been left out of the equation.

A cultural disconnection between the individual and his/her First Source or Higher Power, yields a disconnection between that individual and his/her family, community, and ultimately the universe. This fragemented worldview is promoted by our educational, legal, political, and even some religious, and other social institutions. Profit can easily become the chief motive in a socio-cultural context promoting highest values for money, acquisition of objects, and power over others. If business finance drives the sick care system, decisions on the part of health management organizations, pharmaceutical companies, and physicians themselves will not be based on what is best for our health, but rather what is best for their economic profits. Ideally, the sick care system would put itself out of business (all sick would become well), but there is little chance of that happening , especially if there is not consideration given to what must be done to keep people well.

Think about it. An entire industry is comprised of people whose job it is to convince consumers that certain products and/or services are what is needed to be or have "the best." These folk influence American diet, dress, and so on, determining what is most valuable to pursue. Their considerations, much less ultimate concern, need not include, "is it good for an individual's health and that of the nation?" Their ultimate concern may be "will it increase my profit margin?" We are now learning from Enron and Worldcom that even notions of "profit" may be not only very narrow, limited, and short-sighted, but also deceptive. Yet, we continue to be encouraged by the dominant culture to believe that our worth and value as human beings is based on our material acquisition and consumption .

The title of a recent lead article in the *American Psychologist* written by Csikszentmihaly, a "positive psychology" researcher says it all, "If We Are So Rich, Why Aren't We Happy?"

Socialization toward externalized worth causes undo stress to get "more" and "better" at any cost. In the process we are not only stressed, but anxious, depressed, frustrated and angry. These feelings of rage are taken out on those closest to us, thus domestic violence and child abuse is rampant. Self-medicating with alcohol and other drugs, and abuse of prescription drugs, create substance abuse problems of epidemic proportions. Because Americans are encouraged to seek security and well-being in material things that can not meet those needs, we have become a society that fosters addictions of all sorts, from food to sex and gambling. A steady diet of "trying to get more" prevents a health focus.

Some business leaders (many of whom are also political leaders setting social policy) think that their only job is to keep their businesses going and companies profitable, primarily for their personal wealth (and maybe that of their stock holders). Others also consider keeping jobs for their employees a main concern. The ones who are more health savvy spread the wealth of the company to their workers and share it with the community. An exceptional few may even envision the impact of their businesses on the immediate and global physical and social environments, making environmental health and holistic balance guiding principles. The absence of the tendency to see that "I am because we are; and because we are, therefore I am," is cultural. Too often the relationship between the health and well being of social and physical environments and the long-term success of the organization is not seen, thus, health is not a priority. The worldview dominant in this society does not encourage us to focus on our good health and the purity of the air we breathe, the food we eat, and the water we drink, nor prioritize maintaining that purity in nature for our own survival and good.

In Western cultural tradition this disjointedness is seen in the common orientation to health and medicine, which is allopathic. This approach means that health becomes of concern once a disease or sickness has been identified, then procedure is put in place to mask or get rid of the symptoms. Sometimes the interventions are of such a radical nature that the body is unable to recover from the side effects of the medicines, surgeries, or other procedures used. While this approach to medicine can be very effective in the case of acute illness or injury, it is not the most effective approach to maintaining, achieving, nor sustaining good health because it is not oriented toward health, but rather disease. Even procedures such as mammograms or breast self-exams, often referred to as prevention, are really focused on early detection of disease. This cultural orientation does not allow for a comprehensive, cohesive and coherent

system of organizing for health care.

The dominant cultural view relies on a health model that only focuses on managing symptoms once health has become compromised in some way. This medical model focuses on the identification and management of symptoms of illness or disease, not on understanding, supporting and encouraging behaviors and practices that will sustain the harmony and balance needed for good health among people and in natural environments. While there is increasing interest among people in this society in alternative medicine, holistic health care, and ecologically sound social policy and practice, this represents a shift for the dominant culture. Being new, the prevailing institutional sentiment still resides in doubts about the impact of one aspect of nature on another and the influence of societal performance on individual behavior. Although it is always good to question, our "scientific" investigations must also be informed by wisdom or reason illuminated by careful observation and study, not solely reliant on out-dated, objectified methods yielding conclusions based on statistical probabilities. Belief in the "myth of objectivity" contributes to both the inability to draw valid conclusions and the capacity for statistically adept researchers to find evidence to support anything you would like them to support. Progress in the direction toward a unified model of health is slowed considerably.

Say we do embrace the social scientific evidence that reality is socially constructed, why has it taken decades to convince some that violence on television may promote violence in the general population (making people more prone to warring)? Personal and social science evidence, which suggest that reality is socially constructed, is partitioned and compartmentalized, not to be utilized as a part of everyday common sense practice. Are groups such as African Americans, who have historically been the victims of socially sanctioned violence, more prone to violence than European Americans? If so, when and under what social conditions did such an historic shift occur? If not, why not? Are there cultural values which could in part explain the difference? With the advent of television, violence seems to have risen among those most exposed to its social conditioning. Some "scientists," failing to look at themselves and become more conscious of their own motives and behaviors, still doubt the relationship between the social programming of television and violence, and would rather look for a gene that might be the cause for violence in a people who have not historically demonstrated a propensity for violence.

The pattern of fragmenting and isolating knowledge according to biased and non- critically self-reflective examination, contributes to the incapacity to see the meaningful interrelatedness and interdependence of all things. Observing and understanding that there is a natural order to the universe in which the slowest, most dense, physical manifestations are

superceded by faster, more refined, transparent energies that bind everything as one, is not common in Western cultural tradition. But it is central to ancient African and Native American cultural traditions, as well as Eastern philosophies. Western cultural tradition focuses on the physical expression (the object or thing as concrete) as separate from that which is expressing (the source, idea, or creator), and most certainly separate from the observer, or self which is perceiving. Despite the height of Western science confirming the ancient African and Native American's cultural position that these forces are inseparable, the illusion of their separation is still maintained in mainstream American culture. Indeed, the cultural lag caused by the fragmented Western worldview prevents this knowledge from benefiting the practice of everyday life and the creation of comprehensive, coherent, and cohesive social and health policy.

Historical Context

As people of African and/or Native American descent, the fragmented worldview with its money-oriented values has caused multiple generations of suffering. The focus on material gain has been responsible for the social sanctioning of European Americans terrorizing the African and Native American for the purposes of economic gain and profits. From the history of murder, kidnap, brutal physical and sexual abuse, and forced labor of African people brought to this country to build its wealth, to the Native Americans who were murdered and whose land was stolen, a cultural tradition counter to health has been witnessed. Yet these groups learned to live in this society under conditions of legally sanctioned and socially endorsed terrorism without civil rights.

The African American focus in this social context, rather than being placed on health, became one of dealing with the legacy of the Maafa (African holocaust). People socialized to rely on the fragmented worldview, many of whom deny having done anything wrong and take no social responsibility, are reluctant to acknowledge that they benefit from the past misdeeds of their cultural forbears. African Americans have had no collective opportunity to confront the terrorism imposed by American society and the psychological trauma which resulted. All human beings experience trauma when the reality in which they believed and trusted is shaken and/or taken. To deny African Americans have experienced trauma as the result of the Maafa, is to suggest that they are less than human.

African Americans must face what it means that the United States does not have a health care system, but rather a "sick care" system. The two systems are very different. Focusing on sick care permits the conditions necessary for optimal health to go unexamined and the forces working against a unified, integrated, healthful balance to go unchecked. The best a sick care system can offer is the early detection of disease or early

identification of illness so that treatment can begin (which is a good thing, but not the best). In addition the designers of the system will favor devoting the most research and funding to "cures" for illnesses of greatest concern to them. This non-holistic approach also fosters the creation of "treatments" that may have negative side effects equal to the symptoms being treated. African Americans, when compared to their European American counterparts, do not benefit equally from the "sick care" system in terms of availability and quality of care nor the monies for research on diseases of greatest concern to them as a general population. The dominant cultural worldview in this society thwarts equality of healthcare and has not matured to the point of embracing the understanding behind the South African proverb, "Good health is worth all the money."
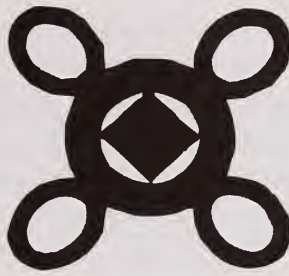
Sunsum

Symbol of Spirituality, Spiritual Purity, and the Cleanliness of the Soul

Cultural Congruence and Consistency

"Good thinking is better than good money." (Mali Proverb)

Within a cultural tradition of wisdom and deep thought, one with a history that is traced back to the beginnings of human culture and civilization in Africa, we learn that all human beings are unique expressions of an omnipotent, omnipresent, omniscient Creative Life Force, and, so being, invaluable. Our health and lives are gifts to us, as are our hearts, minds, bodies and souls. According to the Bantu people of West Africa we are "living suns."

If we do not know who we are, and are conditioned only by the dominant culture, we may not know our health matters. Not only may we fail to focus on how important our health is, unless it is severely jeopardized, in addition we may be unaware of the multiple, interrelated and interdependent influences that affect our health. Culturally congruent expansion of our understanding of health must include considerations from the psychological to the environmental, from the individual to the collective. As African Americans with a cultural identification more in line with the values and beliefs of indigenous non-aggressors, Native Americans, we have historically been champions of the underdog. Concern for those less fortunate than we, those treated unjustly, those targeted for terrorism, has been our cultural character. The teachings from the ancient sacred text called the Holy Bible resonate with us because they are a part of our cultural tradition. Based upon the strength of that heritage we have survived to this point and that inheritance must be drawn upon to carry us forward into the future in health.

At present, African Americans have the worst health statistics of all racial/ ethnic groups in America. Even when socio-economic status and education level are factored in, there remains a disparity. What are we going to do about it, how, and when? Culturally congruent strategies and

approaches are important. How do we move in that direction having been conditioned otherwise? Here are some suggestions:

- We must accept that the collective way of life of a people we call culture is a health matter. Placing highest value on increased knowledge, wisdom, and understanding, make sure those aspects which determine your design for living and patterns of interpreting reality work together to reinforce optimal health, or the best health, rather than the sub-optimal, or not quite as good.

- Let us allow that different ethnic groups have different cultural orientations to life and health. Some ethnic groups believe their cultural orientation is far superior to all others. A balanced approach to any cultural orientation is to assume that those believing in the approach have some "valid" reasons for doing so, explore what those could be. When we assume that everyone is right to the limitations of his/her thinking and understanding, we have a basis for evaluating the strengths and weaknesses of all cultural orientations to health.

- Seek to go back and fetch the knowledge, wisdom and understanding from all cultural traditions which will allow us to go forward in health, joy, and prosperity. The ancient African (known then by the name Ethiopian) ancestors of all humankind left humanity an invaluable legacy. We have, due to their insight, science and intuitions, a tradition of wisdom and deep thought that has allowed us as African Americans to survive the long-term terrorism of enslavement and racial/cultural oppression.

- Ours is a heritage of learning to become One with the Creative Life Force, the divine forces of the Holy Spirit. We must pursue this process as a way of life and make it an active part of our cultural inheritance. We must not allow your spiritual beingness to remain cut off and compartmentalized, the way we are typically socialized to do in this society today. As stated previously, many of the understandings of our ancestors have now been demonstrated to be correct not only through our own experiential knowledge but also through the more "objectified" approaches of Western science.

Taking Care of Business: Communal Self-leadership in Health Matters

The issue of health in this society is a case of good news and bad news. Let us start with the bad new first. If we rely on the cultural traditions upon which the institutions, social policies and practices of U.S. society

are based, we may have underestimated our worth, the value of our heritage, the importance of our health, and our potential to realize good health. We have truly played the role of the miner's canary. Our health has never been a priority in this tradition; in fact, no one's health has been as great a priority as economic profit. In the name of material gain for a few, the lives, aspirations and dreams of many have been and are being sacrificed. The answer to the question of how much our health matters in a social context placing priority on materialistic values may be, not much.

The good news is that we have tremendous power to facilitate our own good health and healing, if we learn how to wield it wisely. In order to improve our health, African Americans must take leadership and responsibility for their own health. This collective action is a necessity for two important reasons. First, we cannot rely on a society to give us something that it itself does not have. Secondly, although improving in some ways, examination of our past experiences demonstrates that this society has historically behaved in ways detrimental for our health. It is only sane and healthy to question its current capacity to meet mental and physical health needs, given that past behavior is often the best predictor of future actions.

Although the society-at-large is experiencing life under conditions of terrorism, the experience of terrorism in this society is not new to African Americans; most face the double jeopardy of past, as well as current acts of terrorism. Many of African Americans may be willing to no longer take into account the kidnap, torture, abuse and enslavement of our ancestors. Some may even overlook the Tuskegee syphilis experiments of 1932-1972. In more recent history, many are also very aware of the investigation of the Congressional Black Caucus and the Honorable Maxine Waters into the role of the CIA in the infusion of crack cocaine into South Central Los Angeles in the eighties, and find no difficulty in believing the US government would engage in such horrendous acts. Believing this could happen is not a stretch in light of the National Security Council Memorandum Number 46 of 1978 in which the Secretary of State recommended specific steps be taken on the part of appropriate government agencies (FBI, CIA, etc.) to prevent unity and inhibit coordinated activity in the Black Movement (the African American struggle for civil rights and equality) in the United States.

Special clandestine operations were launched by the CIA to generate mistrust and hostility in American and world opinion against Black Africa and Black Americans. This agenda included encouraging conflict and division in Black circles. It preserved a climate inhibiting the emergence of a person from within Black leadership capable of exerting nationwide appeal. It sharpened social stratification in the Black community to increase antagonism between different Black groups, and more. Looking

at the evidence showing how the head of the FBI, persecuted Martin Luther King, Jr., for his role in the fight for civil rights, our experience with what such "protective" agencies are capable of doing, and the experience of most White Americans, is very different. In addition, it should be clear that much of the disunity and seeming inability of African Americans to pull together, is not of their own making. The message here seems to be, if African Americans want good health, they had better secure it for ourselves.

Focusing on the good news, the type of leadership we must take is the type that has served African Americans so well over the ages, the type that first connects us to our Spiritual Essence for guidance. It is moral and spiritual leadership. Researching the history of African American health care in this country, Drs. Clayton and Byrd, African American physicians who have devoted much of their lives to the subject, have noted that as a whole African American health outcomes appeared better when African Americans were fighting for justice. Further, the research of others suggests that besides income, the chronic stress of racism and discrimination seems most consequential in terms of accounting for the disparity in health between Blacks and Whites. The race-related stress of everyday discrimination or chronic stress versus major events seem most damaging and influential on health. This finding suggests that the constant drain of being in a morally unjust, spiritually oppressive, and culturally non-supportive social environment takes a most critical toll, particularly when we fail to take a stand for justice and liberation.

Nyame Duo

Symbol of the Presence of God and God's Protection

Basic Principles and Concepts

"He who does not cultivate his field will die of hunger."
(Guinean Proverb)

- ### *Highest Value on Knowledge, Wisdom, and Understanding*

From this tradition of acknowledging the spiritual aspects of life and placing the highest value on knowledge, wisdom, and understanding, a Unified Health Model (UHM) emerges emphasizing the interrelatedness and interdependence of all things. In other words, it is understood that a strong and loving relationship between the individual and the Creator, will lead to living in harmony with nature and one another. The ancestors, one's connection to life, were venerated because they were good, contributed to the greater good of the whole, and were worthy of praise and remembrance. This knowing that all aspects of life are one, brings an order to life and reality that is, according to the ancestors, the basis of good health. So-called mainstream psychology and social science in the United States have only recently, within the past five to twenty years, begun to acknowledge the role of what is termed "positive psychology," examined the relationship between psychological and immune system functioning, capitalized on the influences of one's thinking (cognitions) on feelings (affect), and so on. Such awareness has historically been built into African cultural practices in the tradition of wisdom and deep thought. While these may be "new" discoveries for some, the challenge for persons acknowledging African descent is to reconnect with a long tradition that is supported by, but also far surpasses in terms of comprehensiveness, cohesiveness, and coherence, knowledge to be found in the dominant cultural context.

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- ### *Comprehensive Integration of Spiritual, Intellectual, Emotional, Physical, and Socio-Economic Aspects of Being*

In the dominant cultural traditions of European/European American people, the heart and mind are separated, as are spirit and matter, the sacred and secular, the mind and body, science and religion, and almost all other aspects of the human experience. The order established with the Unified Health Model (UHM) is one that starts with the spiritual (thoughts, feelings, and intuitions) and moves to the material (physically apprehended through the five senses), unfolding from the most inward levels of existence and experience to the most outward. For example, look around the room. Everything in the room was first a thought or feeling in someone's mind before it was created or made, including yourself. In other words, the role of thoughts and feelings in creating human experience is primary, proactive, and subjective. When the subjective nature of what is, is acknowledged, freedom to learn and grow from all perspectives is increased. Many African Americans must become wholesighted again, that is, able to reason both sides of an issue incorporating what is in their hearts, souls, and minds. The goal is to make the heart as light as possible when weighed against the feather of eternal truth. When this is done, the order established includes the soul (spiritual essence and aspect of the Divine Infinite), heart (feelings or affective aspect), and the mind (thoughts or cognitive aspect), which automatically brings in a spiritual and moral order to life and health.

- ### *Optimal Psychological Functioning*

In my theory of Optimal Psychology we start with the premise that all is good, which must be the case if one assumes a Creative Life Force, whose nature is love, is everywhere present, all-knowing, and all-powerful. The question becomes, how is this so? Learning to reason about this divine order, we acknowledge that when it comes to achieving the best psychological functioning, which would be divine consciousness, we will need to make the distinction between the "good" (optimal) and "not quite as good" (sub-optimal) given values for peace, harmony, balance, order, reciprocity, justice, and presence of conscience. The purpose of the sub-optimal is a good one, to further inform the optimal. While there is never only one right way to get there, ultimately every teaching concerned with Higher Consciousness supports the idea that unity consciousness is the highest stage of development. Fragmentation in worldview, alienation in spirit, and isolation in communal experience prevent attending to heights of knowledge. While it is good to have abundant information and multiple understandings, without any essential foundational principles which we can identify, much less upon which we can all agree, collective progressive development is impossible. When we can start with the premise that there is an omnipotent, omnipresent, omniscient force whose

nature is love, the source of all good, we institute a self-perpetuating, self-correcting, ordering principle which is our cultural tradition. Striving within this framework yields ultimate concerns in line with compassion and concern for others.

• *Congruence with African and Native American Cultural Traditions*

African and Native American cultural traditions suggest that we as a spiritual people are going for the long haul, the eternal, the everlasting. Honoring the ancestors is key to a cohesive approach to the interconnections of life and health. Observing nature and following the natural order of the universe is of great value in creating a climate and culture of optimal health. Since all things are interdependent and interrelated, we must take a comprehensive holistic, cohesive, and coherent approach to understanding consciousness and health. We must draw upon the knowledge, wisdom, and understanding of our heritage to lead us into each day with blessed assurance.

• *Transformation and Transcendence*

What we have yet to learn in this social context is that all people are right in their own way, to the limits of their knowledge, wisdom, and understanding. It is unjust that some benefit greatly at the expense of others' suffering. At the same time it will be difficult for example, for those benefiting from something like White privilege, the material advantages that accrue to White individuals in this society by virtue of their skin color, to give up their favored status without awareness of a greater benefit. One such competing benefit does exist however, I call it Black privilege. Black privilege, the spiritual advantages that accrue to individuals for being the non-aggressor, the champions of social justice, the proponents of wholesighted truth and fairness, and advocates for those less fortunate, is not contingent on external criteria. Its spiritual advantages manifest immediately in terms of a sustainable sense of connection to a Higher Power, greater peace, joy, security, contentment, meaning and purpose, and freedom from illusions. Our challenge is to learn how to harmonize and achieve balance with these finer forces of life, despite the fact that the cultural foundation and institutional structures in this society are not so oriented. Each moment we must make choices and conscious decisions to seek the truth of how all is good. We will then in turn be able to see how to maximize the good of all for all and their health, and how all health matters. The UHM speaks to patterns of interpreting reality and designs for living to support this aim.

Nyame Biribi

Symbol of Belief in God's Greatness and Man's Reliance on Him

Logic of the Unified Health Model (UHM)

"Knowledge is better than riches." (Cameroon Proverb)

Driving Principle: Spiritual, intellectual, emotional, physical and socio-economic coherence in light of the reality that all things in the universe have the same essence.

- Acknowledge what has actually happened, both good and bad, and discover and learn to master the lessons that both experiences bring.

- Minimize the negative effects of the "bad" and maximize the positive effects of the "good" by focusing on the opportunity for growth and learning in all that comes into our experience as we develop an open mind, unburdened heart, boundless compassion and fearless courage.

- Seek knowledge of one's essence, or true self, and spiritual connection to the universe; it will be the basis for veneration of self and others, as well as resilience and good health.

- Recognize that perceptions, thoughts, feelings, choices, and behaviors are largely determined by cultural orientation; therefore, seek to engage in those actions reflective of the substance of a cultural tradition which seeks knowledge, wisdom and understanding, and support such a tradition.

- Be aware of beliefs and behaviors that are the result of the psychological trauma perpetrated by the terrorist forces of the Maafa; these lead to alienation, isolation, abandonment, devaluing, and disease. Therefore, seek out and experience the compelling need to change, engaging in a process that supports you in doing so.

- Reinforce the concept of our spiritual essence which is like "Pure Light", or "Black," releasing all fear, embracing all courage, overcoming all obstacles, and celebrating all that is with gratitude.

- Take every opportunity to bond and create connections with others to build family, community, and the brotherly and sisterly relationships that have carried African Americans through the hardest times imaginable.

- Stand for choices, decisions, and actions in line with Maat (representations of truth, justice and righteousness) knowing you will be protected and rewarded for your good works of authenticity with good health, respect, and "spiritual bank."

Nykyinkyin

Critical Elements of Model

"The brain is the best storehouse of wealth." (Bambara Proverb)

Guidelines to support our growth and that of our loved ones and community have been with humanity since the earliest historical records. The ancestors' ancient sacred texts mention several requirements for developing to our highest, fullest potential and healthiest selves. Tehuti, the Kmtian (Egyptian) sage known as Thoth by the Greeks, detailed the aspects of being that must be mastered in order to achieve the highest stages of human development; they are known as the *Ten Cardinal Principles*. Reversing their order for the time and space we are in now in this phase of our human evolutionary cycle, UHM encourages a developmental sequencing that emphasizes the need for critical self-reflection and self-examination. Engaging these critical elements allows us to reevaluate the beliefs, values, assumptions, and ultimate concerns which shape the environment for and determine our health.

Remember, above all else--**whatever we do, let our intentions be loving.**

1) Cultivate the ability to distinguish between the real and the unreal. This mandate requires us to think for ourselves and question for ourselves. We must learn to think critically and deeply, strengthening our reasoning abilities so that we can get beyond "either/or" conclusions and can understand "both/and." That which is unreal tends to be illusory and temporary and will, upon awakening or enlightenment, disappear or dissipate. That which is real tends toward the everlasting and eternal. In a social context such as ours, where highest value is placed on appearances, material gain, and consumption, the potential for deception and the

distortion of reality will be great.

2) Cultivate the ability to distinguish between right and wrong. The development of our capacity for moral reasoning is critical for our good health. We must identify and articulate the standard of ethics governing our moral conscience and behavior. We cannot rely on the standard of ethics of a society whose development from the beginning has been based on theft and the terrorizing of others for personal gain. African Americans have brought the United States a long way by leading the fight for equal civil rights under the law; we cannot lose sight of our historic role.

3) Learn to be free from resentment under the experience of wrong. We must not judge by appearances, rather, we must look beyond appearances. Looking with only the physical eye, it may appear that the universe is not just. The universe is governed by the law of opposites, and all life processes are conducted based on the principle of duality. In other words, in order to know good, we must know not quite as good, life-death, male-female, and so on. When challenges which may involve struggle or sacrifice come, we must not be resentful, but consider them as special opportunities for the exact growth that we need to achieve mastery and our highest good.

4) Learn to be free from resentment under the experience of persecution.
Practice forgiveness for your own sake. When disagreements occur, assume a lack of information is motivating the other party rather than mal-intent. Our ancestors understood that no one has the power to steal your joy, peace of mind, nor opportunity to realize your greatest good, unless you give it to them, because no on can control what you think or feel but you. As we maintain our power, we realize that there is no reason to be resentful. The universe is just. Everyone reaps what they sow. Our challenge to sow only good and good must return to us.

5) Believe the truth can be found. Seeking truth takes courage and trust that what will be found will be sustaining and "the truth." We must seek the truth. Commit to finding out the truth, develop the ability to discern through multiple dimensions, reason, intuition, insight, revelation, and sensing. With the goal of gaining knowledge, wisdom, and

understanding, ask and the order and laws of the universe require that we will be answered.

6) Believe the truth can be lived. Faith in ourselves to internalize the truth that we find, and sustain our choice to live it, is invaluable. Should we get off track, we must forgive ourselves, master the lesson to be learned, then get back on track, being clearer, stronger, and more committed that ever before.

7) Have faith in the ability of the Higher Power to teach the truth.
Be mindful of where and in what faith is placed. All that is, is faith, our positive belief in it makes it so (even if later found to be in error, it was "real" at the time). Belief that there is an omnipotent, omnipresent, omnipotent Creative Life Force, whose nature is love, the source of all good, means that everything must be in Divine Order. We must trust that Force in us to lead us to our highest and greatest good.

8) Be devoted to the purpose of realizing union with your Divine Creator.
Consistent and persistent critical self-reflection and self-examination are imperative. Life is about lessons leading to the achievement of a greater and higher good. In the African cultural tradition of wisdom and deep thought, the purpose of life is to become one with God. This process of deification could take many lifetimes. With each incarnation we chose with the Creator and our Guides exactly what context and experiences are needed for us to grow closer to realizing this objective. Devotion to this process will yield mastery and mean that upon achieving conscious union with God, we would not need to return to earth. We could chose to return to help others or move on to another plane of existence. Whether or not we believe as our ancestors did, let us be devoted to whatever life's purpose we have identified.

9) Learn to control your actions. Think before acting. None of us is yet perfect, though striving, and there will be times of acting from other than our Higher Self. Let those times be lessons for growth. What we think and feel are reflected in our behavior. Others may (mis)interpret our actions based on what would be true for them, but checking ourselves for internal congruence between our intentions, thoughts,

feelings, and actions is most valuable. This ability requires us to stay in touch with our heartfelt feelings and bring them to conscious awareness, so that unconscious emotional issues or unresolved conflicts do not drive our behavior. Let the habits we create be good ones, helping us achieve optimal health.

10) Learn to control your thoughts. We must be as selective of the thoughts that we let into our consciousness and find a home, as we are of the food we put in our bodies. We must become consciously aware of whatever it is we are assuming is true about life, knowledge, the universe, or whatever, because these assumptions shape the parameters of our thinking and our conceptual system. Thoughts are things. "As a man thinketh so is s/he." We can best control our thoughts by making sure our assumptions are conducive to and congruent with the values and beliefs toward which we aspire and that which we desire to create, using wholesighted (inclusive of heart, mind and soul) reason. Every thought that crosses the mind we need not give a home or own, but develop the cache that allows us to treasure most— Whatsoever things are good... think on these things.
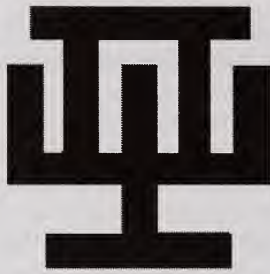
Hwehwemudua

Symbol of Excellence, Superior Quality, Perfection, Knowledge and Critical Examination

Strategies, Practices, and Rituals

"Happiness is obeying God's will, for following his law will open the gates of paradise." (Swahili Proverb)

With UHM we can see and experience a healthier reality, one passed on from heart to heart since the beginning of humanity. Wholesighted experiential knowledge is what we seek. Understanding that which incorporates the heart, soul, and mind will allow us to see both sides of issues and seek to resolve discrepancies with balance and harmony. When our connection to the Creator is acknowledged, our authentic self may be realized, multi-faceted though it may be. All human diversity markers, such as race, gender, height, weight, socio-economic class, reflect what we represent. They are gifts from the Creator of which we should be proud, despite what others might believe. Our purpose may be to learn how our gifts are blessings and teach others. Who we represent can not be readily discerned by the physical eye; these are spiritual forces made evident in our thoughts, feelings, and actions. They become our character, our vibrational presence, our intention. Let us represent well, good health will result. Not that illness or disease will never come our way, but whatever comes, we will be in the best position to handle it well and experience the all good.

Christians frequently ask, "What would Jesus do?" It is a good question for the follower of any faith to ask regarding their Higher Power, no matter what the name of that Higher Power. Yet we can see from the behavior of those asking, they come up with many different answers to that question in any given situation. It is apparent that what they think their Higher Power would do is dependent upon what they know and think about their Higher Power. A simple answer might be, "whatever is the most loving." Another appropriate question might be, "What would my Higher Power think?" Learning to think like one's Higher Power, or a

40

Christ, God manifesting as a human, requires knowledge, wisdom, and understanding, which are all keys to good health from an African American cultural perspective.

Chronic stress weakens the immune system. High levels of psychological stress slow the process of healing. Even among people who are normally considered "happy," the effects of minor psychological stress can have health impacts. As we pursue health for ourselves, our families, and our communities, keep in mind and practice the following:

- A good unitive model of life and health can be supported and informed by the ancient sacred texts. The ancestors left us a map of the best routes to take.

- Love is the source of healing; love eliminates fear. Love yourself, your children, your neighbors. Love requires we hold to the highest standards of human conduct and not allow others to be less than they are in your fellowship.

- The connection to the Creator, the source of all good and whose nature is love, is the goal of knowledge, wisdom, and understanding. Seek it daily. We must not let our sense of worth and well-being be based upon what confused people think, but rather on achieving what the Higher Power would want and will.

- Look for opportunities to cooperate rather than compete with others. The embodiment of truth, justice, and righteousness is built on love, and the truth that we need is the truth that can unify, contain, and transcend all boundaries and bind us in Oneness.

- Let us be mindful and observe how various energies configure in terms of what goes with what. Do not expect apples to produce oranges. Think for yourself.

- The mindset that would exploit and be greedy is needy. This is not the mindset of health and wholeness. Avoid such mindsets in yourself and others, as they are toxic.

- No obligation or little sense of responsibility to the Creator and one another is the outcome of poor spiritual, moral, emotional health. He or she who loves the most is the strongest.

- Let us develop the ability to see at least two sides of an issue and understand the strengths and weaknesses of both, while taking the best that each affords. Assume disagreements are the result of a lack of information rather than of ill intentions.

- There is moral and spiritual privilege accruing to the non-

aggressor if the goal is to love thy neighbor as thyself.

- Careful study and critique of self is always warranted before looking at others.

- All that is, is faith.

- Relationships last because of willingness and commitment to work on them -- nothing more, nothing less.

- No man or woman has all advantages.

- In a non-linear, dynamic universe in which the boundaries of time and space conform to natural laws now being identified through quantum physics, access consciousness is limited only by the capacities of the knower. With such awareness we step into a realm of possibility uncommon in the West, but second nature to the African cultural tradition of wisdom and deep thought.

- The universe is curvilinear, thus what goes around comes around. Whatever we send out is guaranteed to come back to us multi-fold, now or later (in this system, sooner is better). Plant (sow) only the seeds you want to harvest (reap).
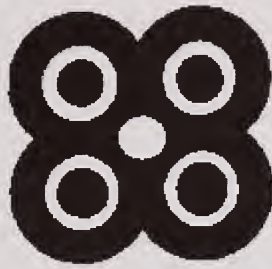
Symbol of Wisdom, Knowledge, and Prudence

Capsule of Unified Health Model Training Cycle

"When spiders unite, they can tie up a lion." (Ethiopian Proverb)

The following program practices have been demonstrated to yield successful outcomes. Below are capsules of the processes.

Phase I—Self-Knowledge

The coming together of community leaders under the rubric of Optimal Self-Leadership and the Indaba (Zulu for deep discussion and meeting of the minds among wise elders) to address health issues of concern will be essential to optimal health. The African American Health Leadership Consortium developed in this project met monthly with the intent of working towards community building and improvement. Supporting the development of strong and courageous moral and spiritual leadership emerged as key to closing any disparities in health across racial groups and healing the nation. Remember—

- We always do the best we can do, given how we see things, our past experiences and exposures, and our level of knowledge, wisdom, and understanding.

- We always do what we want to do, even when we tell ourselves otherwise (example on a personal level: I really don't want to take my friend to the store, but I will because in weighting his/her potential displeasure with me if I don't, versus the inconvenience to me, I'd rather be inconvenienced).

- When we become upset by a situation that befalls us, we often do not

see our role in its creation, nor the purpose and good that comes from its examination.

Phase II—Telling It Like It Is

Community leaders should hold public forums, which provide the opportunity for collective dialogue, strategizing, and relationship-building for our future and that of our children. We must learn to stand up for what is right again and speak truth to power. Project Sankofa held a series of public forums out of which grew the basis for our training model. Creating forums for open discussion, analysis, and strategy-building to solve the issues facing us individually and collectively is necessary for our improved health. Remember—

- When we perceive others to behave less than optimally and we acknowledge the behavior, hopefully we will come to understand it. We should not cut them off, as our love for them requires us to hold them to the highest standards. To do less (though we may need to show or express our caring at a distance), helps neither them nor us. People must go through what they must go through, and that is okay. We need not, however, to be victimized by the shortcomings of others.

- To critique and analyze our behavior and that of others need not be judgmental, although it will involve judgments. The righteous judgment would be that I now understand why, and although I would never do the same and would prefer differently for them, I do not harbor negative feelings myself (hate, resentment, etc.) in response to their actions (nor my own). Instead, I release all negativity by working through my feelings to understand and master the lesson, wherein I am comfortable with myself.

- It is good when we can see people clearly for who and what they are, shortcomings and all. We learn from them for our own edification and insurance of greater peace and joy. They have no power to cause us hurt, harm, or danger because now that we understand, we have no reason to give them that power. We can see that the various energies of life (ourselves and others included) have an organization and supremely intelligent process which can be experienced as positive or negative, as difficult or easy, or as chaotic or orderly as we chose to make them.

Phase III—The Optimization Process

Because of our mandate to think critically and deeply, study circles functioning in the generic sense of gathering to share, learn, grow, and act, provide excellent vehicles to develop and engage the community in

productive movement towards better health. Project Sankofa found the melding of two foci (a work and support group) yielded an ideal balance of being, learning, and doing. Providing the environment and opportunity for people to self-select and form on-going groups committed to these processes ensures positive movement toward our goal of improved health. Remember—

- When we come to know ourselves, we will know others; accept ourselves, and we will accept others; love ourselves, and we will love others. Learn to have compassion, and see the good in all. Once it has been established that it is all good, we must work toward distinguishing the "not quite as good" and "good" (a far cry from the good/bad dichotomy from whence we came) and improving the whole toward perfection.

- We learn to unify heart, mind, and soul by taking time to go within and letting go of illusions of separation. We must be mindful of what is, release the fear, and create that which we desire.

Phase IV—Transformation

Realizing our fullest potential as cultural health advocates will require continued work and training. Fostering the transformation of our society toward greater health and wholeness and stretching toward the upper reaches of human development, is a goal and concern worth achieving. Project Sankofa engaged in the training of twenty-five (25) cultural health advocates who will continue work to create a climate and culture of optimal health. Increasing the number of opportunities for people to gain the needed training is essential. Remember—

- Seek all the good and create that which you seek.

- Champion the underdog (those less fortunate and in greatest need), by standing up for what is right and just.

- Engage in ritual and meaningful ceremony with others to celebrate our growth toward optimal health, honor our past, and affirm our connection to the Creative Life Force.

Figure 1 - A heart light as a feather when weighed upon scale of eternal truth and a mind of "pure light" informs optimal health consciousness.

Figure 2 - African cultural heritage shared by all humanity reflects culture of health.

Schematic of Unified Health Model

Psychology and Cultural Model of Optimal Health

Society - National and Global

Social Institutions and Structures

Social Organizations & Networking Systems

Community

Individual

Divinely Spirited Cognition Affect & Behavior

Interrelatedness & Interdepedence

Openness to Cultural Pluralism in Policies & Practices

High Standard of Ethics and Moral Reasoning Capabilities

Shared Worldview, Values, Beliefs, and Assumptions

Aligned with Creative Life Force

Grounded in Wisdom Tradition & Moral Order

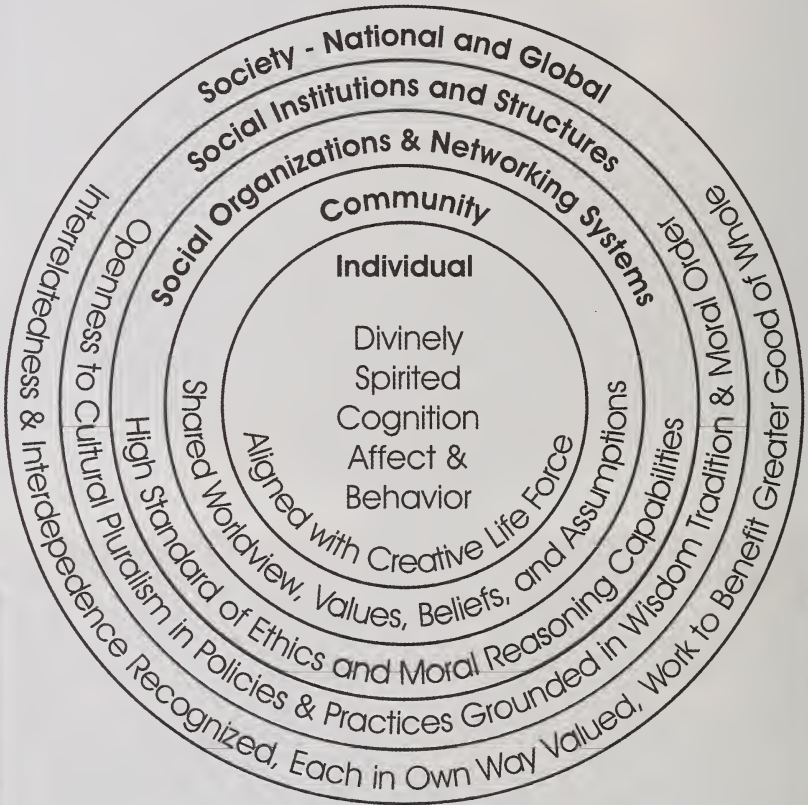Recognized, Each in Own Way Valued, Work to Benefit Greater Good of Whole

Figure 3 - Health reverberates from the inside out and then feeds back and is reinforced from the outside in.

Schematic of Unified Health Model

Optimization Process

Fragmented View Selfish Interests
Need to Feel Superior to Others
Identity/Self Worth = External Criterion
"Negative Feelings" of insecurity, fear, greed, envy, jealousy, anger, shame, guilt, etc.
Prone to depression/anxiety, addictions, violence, "might makes right" attitudes, disease, either/or logic, control over and oppression of others.
Purpose of Negative in Human Experience: Growth, Edification, Mastery of Life Lessons

Separation Alienation

Return with Greater Knowledge of Self and Capacity for Health

True Self
One with Source of All Good
Holistically Integrating
Multiple Dimensions of Human Diversity
Honoring Nature
Ancestors
Community
Yet Unborn
for
Comprehensive
Coherent
Cohesive
Divinely
Spirited
Aliveness

Figure 4 - Developmental process of optimization works such that with mastery of each cycle of separation from True Self, our experience improves from that of a calamity to a challenge to an opportunity to ultimately a blessing, until all sense of separation diminishes.

Hye-Wo-Nhye

Symbol of Toughness and Imperishability of Self, Permanency

Food for Thought

"Bullets will not kill a person who is with his Chi."
(Igbo, NIgerian Proverb)

[S]he is the one who has the heart informed about those things that we otherwise do not know. [S]he who has lucidity when [s]he deals with an idea or problem, who is enlightened, moderate in action and familiar with old writings. [S]he is well informed enough to solve problems, instructed, educated, his/her mind has been educated. [The wise] stays awake at night seeking the correct ways which surpass what [s]he did the day before, seeks always to improve, wiser than the wise person having elevated themselves to wisdom; seeks advice and sees to it that people go to them for advice, as they are informed about any and everything. The wise know tradition by studying our ancestors' ancient texts. They have experience in human matters and can solve problems. Day and night they have had to meditate in order to find out the correct ways. They are always eager to go for the best.

Definition of Wise, Pyaramid Text, 2052 B.C.
(Translated by Theophile Obenga)

It is Ptah, the Most Great, who has given existence to all the divine powers and to their essences through his heart, mind and tongue. Thus it came to pass that the heart, mind and tongue ruled all the other members through teaching that Ptah is within every body, as heart and mind, and within every mouth as tongue, of all the divine powers, of all humankind, of cattle, of all creeping things and of all living things. And He thinks as heart and mind and commands as tongue whatever He wishes.

...The seeing of the eyes, the hearing of the ears and the breathing of the nose are communicated to the heart and mind, and the heart and mind cause all perceptions to come forth. And what the heart and mind wish are

declared by the tongue. So were all divine powers created and the company of divine powers completed.

...Indeed every word of God came into being through that which the heart and mind thought and the tongue commanded. Thus, by means of the Word, all faculties and qualities were fashioned and created which furnish all food and yield all nourishment. And thus, Justice is given to one who does what is loved and punishment is given to one who does what is hated. Thus, also, is life given to the peaceful and death given to one who violates the Law."

Book of Knowing the Creations: The Creation of Ra as Ptah
Selections from the Husia: Sacred Wisdom of Ancient Egypt, Kareng
(Translated by Maulana Karenga)

"We the unwilling, lead by the unqualified, have done the unbelievable for so long with so little. We now attempt the impossible with nothing."

Denyse Hicks, Ph.D.
Project Sankofa Training

"It is no longer true we have nothing, as we are once again learning and remembering what our ancestors already knew and demonstrated. In actuality, we have everything within us that we need. We always have and we always will, as we stay true to their teachings."

Linda James Myers, Ph.D.
Project Sankofa Training

"For wisdom is better that rubies; and all the things that may be desired are not to be compared to it."

Proverbs 8: 10-11
Holy Bible (King James Version)

"The events which transpired 5000 years ago, 5 years ago, or 5 minutes ago, have determined what will happen 5 minutes from now, 5 years from now or 5000 years from now."

John Henrik Clark
A Great and Mighty Walk

"Everybody thinks that they are right, and they are, given the meaning they make of what appears to them. How 'right' one is, however, is dependent on one's values, the limits of the nature of one's thinking, the depth of one's insight and the holism of one's understanding."

Linda James Myers
That We Might Rest in Heaven

"We can only share what's in our own consciousness, even if we most

often assume it is also in the consciousness of others as well. Subsequently, we interpret the behavior of others in terms of what would be true in our own consciousness or what the actions would mean for us."

Linda James Myers
That We Might Rest in Heaven

"It may be of no importance to the race to be able to boast today of many time as many "educated" members as it has in 1865. If they are of the wrong kind the increase in numbers will be a disadvantage rather than an advantage. The only question which concerns us here is whether these "educated" persons are actually equipped to face the ordeal before them or unconsciously contribute to their own undoing by perpetuation the regime of the oppressor."

Carter G. Woodson
The Mis-Education of the Negro

"Our contribution to the world will therefore not be so much in our sameness to the European as to our differentness. The very fact that we are not so much assimilated to the machinations and machinitis of the western world will be the thing to permit us to recapture and resurrect the lost spiritual force and the deeper human meaning which is fading from the universe. Once we have grasped this fact sufficiently, and reclaimed our stolen mission, we will then hold the irreplaceable key to a new humanity."

Nathan Hare, Ph.D. and Julia Hare, Ph.D.
The Hare Report: State of Black Race

"The best response to the long list of social ills is to put into effect the Noah principle. That is, stop looking for credit for predicting the rain; it's time to start building an ark."

Johnnetta B. Cole
Dream the Boldest Dreams and Other Lessons in Life

Health Behaviors Questionnaire

Please circle the option(s) with which you most closely agree.

1. **What would you expect the experience to be of a people in a society in which their families had been exposed to extreme violence, lack of even the most basic human rights, and consistently devaluing and dehumanizing processes and practices for over twenty generations?**

    a. I would expect them to aspire to be just like everyone else in the society, particularly the people who victimized them.

    b. I would expect that they would be very aware of the terrorism that their ancestors had experienced and questioning of the society, reluctant to trust the processes and practices of the oppressive culture, if not the people.

    c. I would expect such a group of people to be equally wealthy, with mastery of the society's formal educational system equal to their victimizers.

    d. I would expect them to be somewhat traumatized, but able to cope effectively in and with the society of the victimizers without any special support or considerations in terms of help with healing.

    e. I would expect them to face the psychological trauma that comes with such a history and be engaged in some form of organized and committed effort to heal and learn how to be healthy in a toxic environment.

    f. None of the above.

2. **If in the last three generations these people made great strides in making the society live up to the ideals of freedom, justice, and equality, what would you expect to be the experience of future generations?**

    a. They should be able to go forward without much difficulty.

    b. They may over time lose sight of their painful

history, forgetting who they are, where they are, and how their ancestors overcame.

c.   They will need to continue to question and seek out healing interventions to insure full recovery and creation of a whole and healthful, non-toxic environment.

d.   They will need our generation's movement toward recovery to support and sustain them.

e.   None of the above.

Health Disparities Affecting
African-Americans

Disparities in the burden of death and illness experienced by African-Americans, as compared with the U.S. population as a whole, have existed since the government began tracking such statistics. These disparities persist, and in some areas continue to grow. The following statistics compiled by the United States Department of Health and Human Services in their fact sheet of November, 2001, illustrate some of the major areas of concern for African-Americans.

Life Expectancy and Death Rates

At birth, the average life expectancy for African-Americans is 71.8 years, compared to 77.4 years for Whites. Life expectancy at birth for Black males is 68.3 years, compared with 74.8 years for White males. Life expectancy at birth for Black females was 75 years, compared with 80 years for White females. Almost 282,000 African-Americans died in 2000. The age-adjusted death rate for the Black population was 30 percent higher than for the non-Hispanic White population.

Diabetes

In 1999, 11,927 African-Americans died from diabetes, the sixth leading cause of death for this population. The African-American death rate due to diabetes was more than twice that for Whites, when differences in age distribution were taken into account. In addition to the deaths it causes, diabetes may result in serious complications, including kidney disease, blindness and amputations.

Heart Disease

In 1999, 78,574 African-Americans died from heart disease, the leading cause of death for all racial and ethnic groups. African-Americans were 30 percent more likely to die of heart disease than Whites when differences in age distributions were taken into account.

Cancer

In 1999, 61,951 African-Americans died from cancer, the second leading cause of death for all racial and ethnic groups. In 1999, African-Americans were 30 percent more likely to die of cancer than Whites when differences in age distributions were taken into account.
Infant Mortality

According to "Health, United States, 2000," infant mortality rates are more than twice as high for African-Americans (14.6 infant deaths per 1,000 live births in 1999) than for Whites (5.8 infant deaths per 1,000 live births). There were 8,822 infant deaths in 1999.

HIV/AIDS

In 1999, 7,893 African-Americans died of HIV/AIDS, the sixth leading cause of death for African-American males, and the 10th leading cause of death for African-American females. In 2000, 47 percent of all cases reported in the U.S. were among African-Americans, and the rate of new AIDS cases among African-Americans was almost 10 times higher than among non-Hispanic Whites. In AIDS cases among all African-American females, 55 percent were due to
injection drug use or sex with an injecting drug user.

Stroke

In 1999, 18,884 African-Americans died from stroke, the third leading cause of death for all racial and ethnic groups. African-Americans were 40 percent more likely to die of stroke than Whites in 1999, when differences in age distributions were taken into account.

Homicide

In 1999, 7,648 African-Americans died from homicide, the eighth leading cause of death for this population. African-Americans were 5.4 times as likely as Whites to die of homicide in 1999, even when differences in age distributions were taken into account. Homicide was the leading cause of death for Black males ages 15-34.

Women's Health

African-American women are less likely to receive care, and when they do receive it, are more likely to have received it late. For example, one out of four African-American mothers did not receive prenatal care during the first trimester during 1999. Obesity is a risk factor for heart disease, diabetes, and stroke. Approximately 69 percent of African-American women between the ages of 20 and 74 were overweight during the period 1988 through 1994.

Immunizations

One out of four African-American children aged 19-35 months old did not receive recommended vaccinations in 1999. About 47 percent of elderly African-Americans received the flu vaccine in 1998, compared with 66 percent of elderly Whites. About 26 percent of elderly African-Americans received a pneumonia vaccine in 1998, compared with 50 percent of

elderly Whites.

Substance Abuse

In 2000, approximately one-third of new AIDS cases among African-American women were due to injection drug use or sex with an injection drug user. Recent illicit drug use was more common among African-American adults (8 percent) than among White adults (5.7 percent) in 1998. However, African-American teenagers ages 12-17 years were less likely to use alcohol, marijuana, or cocaine than White teenagers in 1999.

Mental Health

According to the 2001 Surgeon General's report on mental health, the prevalence of mental disorders is believed to be higher among African-Americans than among Whites, and African-Americans are more likely than Whites to use the emergency room for mental health problems. African-Americans with depression were less likely to receive treatment than Whites (16 percent compared to 24 percent). Only 26 percent of African-Americans with diagnosed generalized anxiety disorder received treatment for their disorder, compared with 39 percent of Whites with a similar diagnosis.

Organ and Tissue Donation

Currently, 21,140 African-Americans are on waiting lists for organ transplants, according to the United Network for Organ Sharing. African-Americans comprised 35 percent of the waiting lists for kidney transplants. African-Americans are almost four times as likely to have end-stage renal disease than Whites, but they are less likely to be evaluated and placed on waiting lists for kidney transplants in a timely manner. Once on the list, they also tend to wait longer for a transplant. Exact causes are unclear.

Family Caregiving

African-American caregivers are more likely than other groups to report dementia and stroke in their care recipients - adding to the demands of their responsibilities. A higher proportion of Black caregivers report having suffered physical and mental health problems a result of caregiving.

Suicide

In 1999, African-Americans were half as likely to die of suicide in 1999 than Whites, even when differences in age distributions were taken into account. Still, 463 African-Americans ages 15-24 died from suicide in 1999. It was the third leading cause of death for Blacks in this age group.

Between 1980 and 1995, the suicide rate among African-Americans ages 10-14 increased 233 percent, while the rate for Whites increased 120 percent.

Glossary of Terms

Affective—related to, arising from, or influencing emotion, feeling, sensing.

African (Indigenous) American—Africans in America whose cultural identifications, values, and beliefs are more in line with those of the native, indigenous people of American that the colonizer.

Cognitive—related to act or processes of knowing, including thought, awareness, judgment, and revelation.

Consciousness—largest macrosystem within which all exists, referred to in ancient times as Mind, in wisdom tradition of African deep thought all is believed to be mind or consciousness; may also mean awareness.

Creative Life Force—omnipotent, omnipresent, omniscient first source, in wisdom tradition of African deep thought assumed nature is love, the source of all good, referred to as God, Allah, Oludamare, Buddha, Holy Spirit, Supreme Being and many other names in many cultural traditions.

Culture—a people's way of life with shared patterns of interpreting reality and designs for living.

Dichotomous Logic— either/or reasoning and conclusions.

Diunital Logic— both / and reasoning and conclusions.

Eternal Truth—truth that was so in the beginning and shall be so through eternity, confirmed over time and open to examination, exploration and expansion from human perspective.

Gye Name—Akan symbol for omnipotence of God; literally, except God.

Maafa—African Holocaust, great multigenerational calamity of kidnap, enslavement, and extended de-humanizing oppression of African people in America.

Mentacide—systematic destruction of a people's mind and culture.

Optimal—the best that can be under specified conditions.

Optimal Health--best possible emotional, intellectual, physical, spiritual, and socio-economic aliveness that we can attain (Chissell, 1993).

Optimal Psychology—psychology of divine (supremely good)

consciousness or divine order experienced as conscious union with Creative Life Force, Holy Spirit, flow, mindfulness, bliss, and other transcendent/peak practice becoming a way of life.

Optimization Process—process of unifying, containing and transcending oppositions.

Sankofa—Akan term meaning go back and fetch the best from the past.

Spirited—consciously infused with Creative Life Force or Higher Power.

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Profile of Author

Dr. Linda James Myers has spent the past twenty-five years in the heart of America, working on calibrating its vibrations toward our highest human potential and teaching at one of the largest public universities in the country, The Ohio State University. She holds appointments in the Departments of African American and African Studies and Psychology. Dr. Myers also serves as executive director of The Center for Optimal Thought, a private non-profit education and training organization dedicated to transformative learning and spiritual and leadership development.

A researcher at the cutting edge of the movement to expand our understanding of human development to be inclusive of worldviews non-dominant in the West, Dr. Myers has published numerous articles, and two books, one entitled *Understanding an Afrocentric World View: Introduction to an Optimal Psychology*. Her research places African Diaspora Studies at the forefront of the paradigm shift occurring in Western science. Based on the wisdom tradition of African deep thought, her work deepens our conversation about the nature and substance of reality itself, seeking to align us with an universal order that fosters, peace, harmony, balance, reciprocity, order, justice, and truth. Her theory of optimization provides wise instruction on how to best achieve maximal positivity in human experience.

Dr. Myers has developed a psychotherapeutic approach called Belief Systems Analysis, which has been expanded and used widely in psycho-educational programming in areas ranging from interpersonal relationships and behavioral medicine to social ethics. Most recently she has developed a multi-dimensional transformative leadership model designed to foster growth toward the heights of knowledge across cultural groups. Her holistic model emphasizes resilience and melds ancient and the new, the individual and the collective, the spiritual with the material. Dr. Myers has a Ph.D. in the area of clinical psychology and is licensed to practice in the state of Ohio.

Dr. Myers has served as Associate Editor of two major journals in her field, Journal of Black Psychology and The Journal of Black Studies. Frequently sought for her expert opinion, Linda lectures nationally and internationally, having received wide acclaim for her provocative and motivating insights. She has received numerous honors and awards for her work, including the Building to Eternity Award from the Association

for the Study of Classical African Civilization, Bethune/Woodson Award for Outstanding Contributions in the Development of Black Studies, Distinguished Psychologist Award from the Association of Black Psychologists, Outstanding Teacher of the Year from The Ohio State University Colleges of Arts and Sciences, induction into the Ohio Women's Hall of Fame, Who's Who of American Women, and Who's Who Among Human Service Professionals. Linda is also a past president of the Association of Black Psychologists. She is married to a Master Drummer and has two accomplished and wonderful sons. Visit her website, www.optimalpsychology.net.

Notes

"He who conceals his disease cannot be cured."
(Ethiopian Proverb)